SCHOOL OUTINGS INSTRUCTIONS

for

APPLICATION AND PERMIT FOR USE OF RECREATIONAL FACILITIES AT KAKAAKO WATERFRONT, KEWALO BASIN, MAKAI GATEWAY, AND KOLOWALU PARKS.

- 1. *Fill out* application form, indicating whether the application and permit is for the Kakaako Waterfront Park, Makai Gateway Park, Kewalo Basin Park, or Kolowalu Park.
- 2. **Sign** on the line designated by "Applicant"; also fill in your title, address, home phone and business phone numbers.
- 3. Please review the General Park Use Guidelines. Your use of the park must comply with these guidelines.
- 4. *CALL 594-0300* for HCDA staff to record your information. Your permit request will be assigned a "permit number"; please write the number on your permit application.
- 5. Please do NOT fax or mail the form back to the HCDA.
- 6. *Retain* your completed Application and Permit; take it with you, to the park on the day of your outing.
- 7. Enjoy!



HAWAII COMMUNITY DEVELOPMENT AUTHORITY

461 Cooke Street Honolulu, Hawaii 96813 Telephone: 808.594.0300



e-mail: contact@hcdaweb.org Web site: http://www.hcdaweb.org

	PPLICATION & PERMIT FO OF RECRESTION METACH I (School Outings Only)	FIES
Kakaako Waterfront Park []	Makai Gateway Park [] Kolowalu Park []	Kewalo Basin Park []
Today's Date:		
Name of Organization:		
Kind of Activity:		
Date of Use:	From:	to:
Number of People Expected: (students)	(adults)	(total):
READ CAREFULLY:		
persons or organizations to whom such permits are facilities under such permit. In addition, persons or hereby voluntarily release, remise and forever disch of any and all claims, actions, causes of action, liab property damage and/or bodily injury which may be State of Hawaii policy requires that all accidents re	elopment Authority shall be subject to the issued shall be liable for loss, damages or organizations to whom this permit is issuarge the Hawaii Community Developmentality, liabilities, costs, expenses and damage sustained by participating in any activity esulting in property damage or personal dark personal medical and health insurance	amage or personal injury, or both, be reported promptly to should be relied upon to cover all medical costs incurred
I have read and understand the conditions	of this permit as stated above and	accept the responsionates stated therein.
Applicant: (Please Print Name)	Title:	
(2 sease 27 see Prante)	Phone:	(Home):
Address:		(Office):
	Date:	
(School Group Permit Number)		Today's date